2644



PATENT APPLICATION

MIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Docket No: Q65346

Kim Hjortgaard NIELSEN, et al.

Appln. No.: 09/899,991

Group Art Unit: 2644

Confirmation No.: 5169

Examiner: Elizabeth A. MCCHESNEY

Filed: July 09, 2001

For: A HEARING AID WITH A SELF-TEST CAPABILITY

RECEIVED

AUG 2 7 2004

AMENDMENT UNDER 37 C.F.R. § 1.111

Technology Center 2600

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated March 25, 2004, please amend the above-

identified application as follows:

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09899991

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
FC	R	NUMB	ER FILED	NUMBER	EXTRA	RA	E	FEE		RATE	FEE
BA	SIC FEE							{	OR		
то	TAL CLAIMS		minus 20=						OR		
IND	EPENDENT CL	AIMS	minus 3 =			1-			1		
MULTIPLE DEPENDENT CLAIM PRESENT								OR			
* If the difference in column 1 is less than zero, enter "0" in column 2									OR		
						TOT	AL	<u> </u>	OR	TOTAL	İ
8	-23-04	(Column 1)			(Column 3)	SMA	\LL	ENTITY	OR	OTHER SMALL	
AMENDMENTA.	/	CLAIMS REMAINING	1 1	HIGHEST NUMBER	PRESENT			ADDI-			ADDI-
		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA	RA	Œ	TIONAL FEE		RATE	TIONAL FEE
	Total	· 23	Minus	** 23	= Q			/	OR	18	0
	Independent	* 41	Minus	*** }	= //			/		0/	86
4	FIRST PRESE	NTATION OF M	IULTIPLE DEP	ENDENT CLAIM	ι	-		/	OR	10	00
				,	-				OR	290	0
		•				ADDIT.	TAL	/	OR	TOTAL ADDIT, FEE	85_
		(Column 1)		(Column 2)	(Column 3)						7
В	•	CLAIMS REMAINING	.]	HIGHEST NUMBER	PDEOENE			ADDI-			ADDI-
AMENDMENT	:	AFTER	1 [PREVIOUSLY	PRESENT EXTRA	RAT	E	TIONAL		RATE	TIONAL
		AMENDMENT	-	PAID FOR				FEE			FEE_
	Total	*	Minus	##	=	1			OR		
	Independent	*	Minus	***	= .				OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											ļ
			•				TAL		OR	TOTAL	
						ADDIT.			OR	ADDIT. FEE	<u> </u>
		(Column 1)		(Column 2)	(Column 3)						
ပ	_	CLAIMS REMAINING	1	HIGHEST NUMBER	PRESENT			ADDI-			ADDI-
		AFTER	1 1	PREVIOUSLY	EXTRA	RAT	E	TIONAL		RATE	TIONAL
MEI		AMENDMENT	_	PAID FOR	ļI			FEE			FEE
AMENDMENT	Total	*	Minus	**	= .				oR		
	Independent	*	Minus	***	E				2		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR		
# If the code is column 1 is less than the code is column 0 and 1 is column 0											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT. FEE									OR	TOTAL ADDIT: FEE	
	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										